

**2008 Kentucky Quarterly Certificate of Nonparticipating
Tobacco Product Manufacturer Compliance**

Part 1: Manufacturer's Identification

1. Name: _____
 2. Street address: _____
 3. City, state, country, ZIP: _____
 4. Telephone number: _____
 5. Electronic mail address: _____
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Part 2: Liability Year/Quarter (Sales quarter)

6. The liability year for this certificate is: **2008**, Q____

Part 3: Units Sold

7. Number of individual cigarettes and RYO sold by the manufacturer identified above during the liability quarter subject to Kentucky excise tax as follows (by brand; nine hundredths (.09) of an ounce of RYO tobacco counts as 1 stick):

- 1) _____ 2) _____ 3) _____
4) _____ 5) _____

Total sticks: _____

Part 4: Deposit Amount

For the liability year 2007 and after, the base rate per cigarette is 0.0188482

8. The appropriate rate for the liability year as adjusted for inflation* is:

8. **\$0.0258601**

9. Multiply Line 8 by total of Part 3, Line 7, and write the amount here

(Total Escrow Payment due for the quarter):

9. _____

This is your total amount due to be deposited into the qualified escrow account.

Note: Attach a copy of your receipt or other proof of deposit from your financial institution as well as a copy of the escrow agreement between you and the institution if you have not previously provided one or if it has been amended.

Part 5: Financial institution

10. Name: _____
 11. Street address: _____
 12. City, state, country, ZIP: _____
 13. Escrow account number _____
 14. Total amount held in this account after current deposit: \$ _____
 15. Escrow agent: _____
 16. Phone Number: _____
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Part 6: Authorized Signature

Under penalties of perjury, I state that, to the best of my knowledge, all of the information contained in this certificate is true and accurate. This document must be signed and dated by an authorized notary public.

Sworn to and subscribed before me
this ____ day of _____, 20____

Print the name of authorized agent Title

Signature of Notary Public

Signature of authorized agent

Date

City / State: _____
My commission expires ____/____/____

* The cumulative inflation adjustment is calculated pursuant to Exhibit C of the MSA.

Quarterly deposits are due 30 days after the end of the calendar quarter. This form is due 10 days after the deposit due date and may be sent to: Kentucky Office of Attorney General, 700 Capitol Avenue, Suite 118, Frankfort, KY 40601, (Attention: Michael Plumley, Assistant Attorney General).

